

Entered 03-04-04 sb
CL 04L0201 GWENDOLYN BURNS

04-R -1542

CLAIM OF: WILLIAM OMUNU
601 McDonough Boulevard SE
Atlanta, Georgia 30315

For damages allegedly sustained when personal property was unprotected during the incarceration of an inmate on February 18, 2004 at 236 Peachtree Street, SW.

THIS ADVERSED REPORT IS
APPROVED

BY:


JERRY L. DELOACH
DEPUTY CITY ATTORNEY

ADVERSED BY
CITY COUNCIL

SEP 07 2004

ADVERSE REPORT

PUBLIC SAFETY &
LEGAL ADMINISTRATION COMMITTEE

DATE: 8/31/04

CHAIR: H. G. Kelly

Joyce M. Shadoff

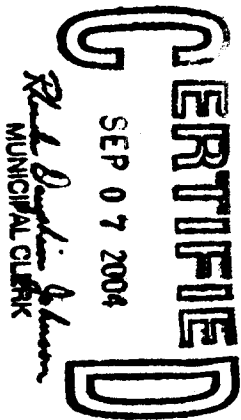
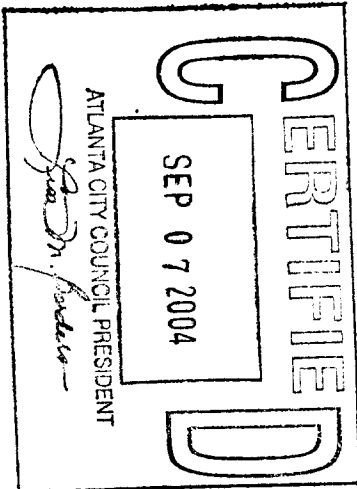
Henry Woodward

C. F. Allen

Paul Smy

Carla Smith

W. A. Thompson



DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 04L0201

Date: August 17, 2004

Claimant /Victim WILLIAM OMUNU
BY: (Atty) (Ins. Co.) _____
Address: 601 McDonough Boulevard, SE, Atlanta, Georgia 30315
Subrogation: _____ Claim for Property damage \$ 1,385.94 Bodily Injury \$ _____
Date of Notice: 3/30/04 Method: Written, Proper X Improper X
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 2/18/04 Place: 236 Peachtree Street, NE
Department CORRECTIONS Bureau: _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that he sustained damages when the City failed to protect his personal property during his incarceration. However, the issues of this claim have been resolved by the department.

INVESTIGATION:

Statements: City employee X Claimant _____ Others _____ Written _____ Oral X
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other _____
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

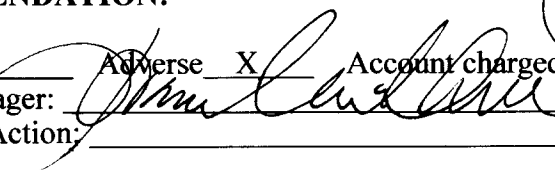
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces X
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2P01 _____ 2H01 _____
Claims Manager:  Concur/date 08/19/04
Committee Action: _____ Council Action _____

**COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK**

City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: MARCH 24, 2004

ENTERED - 3-40-04 - SB
04L0201 - GWEN BURNS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 1,385.94 property and/or \$ 2,500.00 bodily injury for which I contend the City is liable.

1. Date of incident: FEB 18 2004 (month/day/year) 2. Time of Incident: 2 PM 3. Police called: Yes ☒ No ☐
4. Location of incident (including street address): 236 PEACHTREE STREET SW ATLANTA GEORGIA 30303
5. Name of your insurance company: NONE Policy No. NONE
6. State what and how incident occurred: On December 13 2002 the USDC Magistrate ordered the Atlanta City Jail to safely retain my property in boxes. On Nov. 24 2003 the court order 30 days medical parole to Miami. I left all my belongings at the Atlanta City Jail. I was gone for less than 75 days and upon return to the Jail on Feb 18 2004 all my property was stolen due to the Jail's negligence in violation of 90 days city rules & policies for picking up property left in Jail.
7. **ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!**
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
Your vehicle: NONE (Make) (Year) (Tag Number) (Driver's Name)
City vehicle: NONE (Make) (City Driver's Name) (Department/Bureau)
9. Witness: Capt Pitts Jamerson Gullison (8 Federal inmates) at A CDC Atlanta (404) 865-8001 (Name) (Address) (Telephone Number)
10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. Claims must be received within 6 months of the event.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Gail O. [Signature]
Signature of Claimant

Please, an expedited resolution of this matter will be highly appreciated

Thank you.

WILLIAM O'NEAL

(Print Claimant's Name)

601 McDONOUGH BLVD S.E.

(Address)

ATLANTA GEORGIA 30315

(City, State and Zip Code)

[Pretrial Person]

(Work Number)

(Home Number)



OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

September 14, 2004

55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30335
(404) 330-6033
FAX (404) 658-6103

William Omunu
601 McDonough Blvd., SE
Atlanta, Georgia 30315

04-R-1542

Dear Mr. Omumu:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on September 07, 2004. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the **City Attorney's Office/Claims Division** at (404) 330-6400.

Yours very truly,

Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: Claims Division/Law Department